## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXICITE	TI OILO		PAGE 5 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC			C	C00612820
Check if 24-hour report				
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Jamilah Sabur			09	/ 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1281 NE 208th Terr			Amount	
City	State	Zip Code		40.50
Miami	FL	33179		n ID : 24-01-00111-00637 bursement or Obligation
Purpose of Expenditure Organizer		Category/ Type	M _ M 09	29 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:00
Donald J. Trump		X Oppose	<b>x</b> President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursement For: 2016 Other (	Primary <b>X</b> General specify) ▶
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Maria Rodriguez x			M M 09	/ D D / Y Y Y Y Y Y Y 2016
Mailing Address 2800 Biscayne Blvd			Amount	
City	State	Zip Code		79.69
Miami	FL	33137		ID: 24-01-00111-00636 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type	09	29 / 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
Donald J. Trump		<b>x</b> Oppose	<b>x</b> President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: 2016 Other (	Primary Seneral (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				
,				7
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ryan Young	[Electro	nically Filed] Date	9 09 / 30	
Signature				